



DENTAL BOARD OF CALIFORNIA
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RE-EXAMINATION APPLICATION FOR LAW AND ETHICS EXAMINATION

FEES

Examination Fee: \$75.00

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(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE

2. Address of Record: Street City State Zip Code

3. TELEPHONE NUMBER

Evening () Day ()

4. Were you previously provided a special accommodation? YES ☐ NO ☐5. Preferred Examination: Northern California ☐ Southern California ☐ Month: _____